

# Dickinson College

## Disability Documentation Form for College Housing

TO BE COMPLETED BY STUDENT'S HEALTH CARE PROFESSIONAL

Dickinson College is a four-year residential college. Living in residence halls, where students learn to live in a community and share space with others, is an integral part of the educational experience. A **standard housing assignment** is a two- or three-person sleeping room where bathroom facilities are located on the same floor, but not in the room. Most residential facilities are no more than three stories tall and are accessible for individuals with mobility impairments. There are numerous locations on campus that provide quiet spaces for studying (including the library and 24-hour access to several academic buildings), and all are within a 10 minute walk of residential campus housing.

Dickinson College is deeply committed to the full participation of students with disabilities in all aspects of College life, including residential life. In accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), Dickinson College has established procedures to ensure that students with documented disabilities receive housing assignments that reasonably meet their needs as required by law. **Requests for particular housing assignments based on a student's preference, rather than need, for a particular type of living environment, such as a certain type of room or location or desire for a quiet, undisturbed place to study, will not be honored.**

Student Name: \_\_\_\_\_

Name and Credentials of the Professional Making the Recommendation: \_\_\_\_\_

*The student named above has requested a residential accommodation from Dickinson College based upon an asserted disability. A disability is defined under the Americans with Disabilities Act as "a physical or mental impairment that substantially limits one or more major life activities." Examples of major life activities are: seeing, hearing, speaking, breathing, eating, sleeping, walking, standing, lifting, bending, learning, reading, communicating, working, performing manual tasks, caring for oneself, thinking, concentrating, and the operation of major bodily functions. A temporary impairment may include an injury, severe illness, recovery from surgery, or a condition caused by a traumatic event.*

1. Based on this definition, does this individual have a disability or temporary impairment?  YES  NO
2. If yes, please cite the student's disability(ies) or impairment(s): \_\_\_\_\_

The code for this is \_\_\_\_\_ from the  DSM-IV-TR  DSM-V  ICD-9  ICD-10

3. Date of diagnosis: \_\_\_\_\_ Made by you?  If not, by whom? \_\_\_\_\_
4. Number of consultations in the past 3 years: \_\_\_\_\_ Date of most recent evaluation: \_\_\_\_\_
5. Length of time under your care: \_\_\_\_\_ Currently under your care?  YES  NO  
If no longer under your care, when did care end? \_\_\_\_\_

6. Medical/therapeutic equipment needed: \_\_\_\_\_
7. Prescribed medication(s) (indicate dosage): \_\_\_\_\_

8. Please check which of the following major life activities this condition(s) substantially limits:  
 walking  hearing  seeing  manual tasks  
 reading  working  learning  breathing  
 lifting  eating  sleeping  concentrating  
 speaking  thinking  standing  communicating  
 bending  self-care  the operation of major bodily functions

Other(s)? \_\_\_\_\_

9. Please describe in detail the symptoms currently experienced by the student, and how the disability interferes with one or more major life activities as would be encountered in a residential environment. *(Attachments welcome. Please use additional space as needed.)*

10. Please circle (and indicate, where relevant) the approximate frequency of symptoms experienced:

<i>periodic</i>	<i>seasonal</i>	<i>every __</i>	<i>__ x a</i>	<i>__ x a</i>	<i>most</i>	<i>daily</i>
<i>(__ annual reported occurrences)</i>		<i>month(s)</i>	<i>month</i>	<i>week</i>	<i>days</i>	

11. Given the standard housing assignment and study site options previously illustrated, please describe and provide rationale for any modifications to the standard assignment you recommend to accommodate the student’s disability. Please explain how the modifications you recommend would assuage the functional limitations of the student’s underlying condition. *(Again, please use additional space, as needed.)*

12. What are some possible alternatives if meeting your primary recommendation is not possible?

13. Accommodations for this condition are recommended...  
 \_\_\_ for the next 3-5 months      \_\_\_ for the next 6-9 months      \_\_\_ for the next year  
 \_\_\_ for the duration of the student's time in college      \_\_\_ duration is unknown at this time  
 \_\_\_ Other: \_\_\_\_\_

14. If you are recommending a single room, please indicate whether and how there are any risks associated with isolation:

15. Please indicate whether and how this student may be at risk during an emergency evacuation *(e.g. fire)*:

16. \_\_\_ I have attached the supporting documentation for this diagnosis. ([www.dickinson.edu/ODS-Guidelines](http://www.dickinson.edu/ODS-Guidelines))

<p><b>Health Care Professional’s Contact Information</b>  <i>Stamp or write:</i></p>	<p>NOTE: THIS FORM IS NOT TO BE GIVEN TO THE STUDENT TO SUBMIT, BUT RATHER TO BE SENT VIA EMAIL, FAX, OR MAIL TO:  <a href="mailto:disabilityservices@dickinson.edu">disabilityservices@dickinson.edu</a>  <b>Fax: (717) 254-8139</b>  <b>Office of Disability Services</b>  <b>PO Box 1773, 106 Dana Hall,</b>  <b>Dickinson College,</b>  <b>Carlisle, PA 17013</b>  <b>Questions? Call: 717-245-1734</b></p>
<p>Office address: _____</p> <p>Email: _____ Phone number: _____</p> <p>Signature: _____ Date: _____</p> <p><i>My signature verifies that I am or have been this student's treating health care professional, that the contents are true and accurate, and that I am not a relative of the student.</i></p>	

**Thank you for returning this form directly to Dickinson** as soon as possible via mail, fax, or as a scanned attachment.